Michigan Department of State
Program Operations Division
Driver Education Section

Lansing, MI 48918
Phone: 517-241-6850

PROGRAM COMPLETION DATA

| Year |
| Program Number |

Instructions: Complete and file this form no later than TEN days after the program ends.

Name of School	School Code
Address	Zip Code		Phone Number

The students listed below successfully completed the above noted (check one) Segment 1 _____ Segment 2 _____driver education program. The program began on _____ and ended on _____ and was held at _____ . The students listed were issued Michigan Driver Education Certificates of Completion.

		Certificate Number Issued	Name (Last)	(First)	(Middle)	Address (Street)	(City)	(Zip Code)	Date of Birth Month	Day	Year
1											
2											
3											
4											
5											
6											
7											
8											
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11											
12											
13											
14											
15											
16											
17											
18											

DES-102 (Rev. 06/2006) By Authority of 1974 PA 369, As

PROGRAM COMPLETION DATA

	Certificate Number Issued	Name (Last)	(First)	(Middle)	Address (Street)	(City)	(Zip)	Date of Birth Month	Day	Year
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

DUPLICATES

Certificate Number New	Old	Program Attended	Name	Address